



E000773

TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW/PHS/HSMHA/Regional Medical Programs Service		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED XX 4-4-73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Sarah J. Silsbee		PHONE NUMBER 31580	
THIS SPACE FOR USE OF COMMUNICATION UNIT			
MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)			
<p>TO: J.S. REINSCHMIDT, M.D. DIRECTOR OREGON REGIONAL MEDICAL PROGRAM UNIVERSITY OF OREGON MEDICAL SCHOOL 3181 S.W. SAM JACKSON PARK ROAD PORTLAND, OREGON 97201</p> <p>TO: CHARLES H. HOLMAN, M.D. DEAN, UNIVERSITY OF OREGON MEDICAL SCHOOL 3181 S.W. SAM JACKSON PARK RD. PORTLAND, OREGON 97201</p> <p>TO: MR. DAVID R. HUTCHINSON COORDINATOR COMPREHENSIVE HEALTH PLANNING AND REGIONAL MEDICAL PROGRAMS DHEW REGION X ARCADE PLAZA BUILDING 1321 SECOND AVENUE SEATTLE, WASHINGTON 98105</p> <p>THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPS OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE OREGON REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 1. THE TERMINATION DATE FOR THE OREGON REGIONAL MEDICAL PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS GRANT FUNDS MAY BE EXPENDED. 2. THE APPROVED DIRECT COST IS NOW \$915,853 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD SEPTEMBER 1, 1972 THROUGH FEBRUARY 14, 1974. 			
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TO:

3. FUNDS MAY BE EXPENDED AFTER JUNE 30, 1973 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

NO.	TITLE
23	MOBILE CANCER DETECTION CLINIC
26	CADAVER KIDNEY PROCUREMENT PROGRAM
COOA	PATIENT ORIGIN STUDY

ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.

4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.

5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY FEBRUARY 14, 1974.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-

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TO:

RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.

HAROLD MARGULIES, M.D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS SERVICE

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